Deb	tor 1 Keith Carmi	ne Burrell				
	otor 2 use, if filing)					
Uni	ed States Bankruptcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA			
Cas	e number			CH	neck if this is:	
(If kn	own)				An amended filing	
	- ··	-		, 0	A supplement showing postpetition chapter 13 income as of the following date:	
0	ficial Form 106I				MM / DD/ YYYY	
Sc	hedule I: Your Inc	ome			12/	15
	L choot to thin form	On the ten of any additi	onal nagos iurito vous na	onnaudii ab	out your spouse. If more space is needed	,
	t 1: Describe Employment Fill in your employment	On the top of any addition	onal pages, write your na	ame and case	number (if known). Answer every question	, en.
Par	t 1: Describe Employment	On the top of any addition	onal pages, write your na	nme and case	number (if known). Answer every question Debtor 2 or non-filing spouse	on.
Par	Time Describe Employment Fill in your employment information. If you have more than one job,	On the top of any addition	onal pages, write your na	me and case	number (if known). Answer every question	, on.
Par	Fill in your employment information. If you have more than one job, attach a separate page with information about additional	On the top of any addition	onal pages, write your na	me and case	number (if known). Answer every question Debtor 2 or non-filing spouse	on.
Par	Fill in your employment information. If you have more than one job, attach a separate page with	On the top of any addition	onal pages, write your na Debtor 1 Employed	me and case	Debtor 2 or non-filing spouse	on.
Par	Fill in your employment information. If you have more than one job, attach a separate page with information about additional	On the top of any addition of the top of any addition of the top of any addition of the top of the to	Debtor 1 Employed Not employed	me and case	Debtor 2 or non-filing spouse	on.
Par	Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or	On the top of any addition of the top of the	Debtor 1 Employed Not employed Sales Manager	ime and case	Debtor 2 or non-filing spouse	on.
Par	Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student	On the top of any additional control of the top of any addition the top of any addition to the top of any additional control of the top of	Debtor 1 Employed Not employed Sales Manager Protect-A-Bed 1500 South Wolf Ro Wheeling, IL 60090	ime and case	Debtor 2 or non-filing spouse	, on.
Par 1.	Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student	Employment status Occupation Employer's name Employer's address How long employed to	Debtor 1 Employed Not employed Sales Manager Protect-A-Bed 1500 South Wolf Ro Wheeling, IL 60090	ime and case	Debtor 2 or non-filing spouse	on.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

				For Debtor 1	For Debtor 2 or non-filing spouse		
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$	10,575.00	\$	0.00	
3.	Estimate and list monthly overtime pay.	3.	+\$	0.00	+\$	0.00	
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$	10,575.00	\$	0.00	

Official Form 106I

Debtor 1 Keith Carmine Burrell

Case number (if known)

				Fo	or Debtor 1		Debtor -filing s		
	Copy	y line 4 here	4.	\$	10,575.00	\$	-initig s	0.00	-
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.	S S	2,370.00 0.00	\$ \$		0.00 0.00	
	5b.	Voluntary contributions for retirement plans	5c.	\$	605.00	\$		0.00	
	5c. 5d.	· · · · · · · · · · · · · · · · · · ·	5d.	\$	0.00	S		0.00	
		Required repayments of retirement fund loans	5e.	\$	152.00	S		0.00	
	5e. 5f.	Insurance	5f.	\$	0.00	S		0.00	
		Domestic support obligations	5ı. 5g.	S	0.00	S		0.00	
	5g.	Union dues	5g. 5h.+		0.00	-		0.00	
_	5h.	Other deductions. Specify:		•		_			
6 .		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. ~	\$	3,127.00	\$		0.00	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	7,448.00	\$		0.00	
8.	List a	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$		0.00	
	01	Interest and dividends	8b.	\$	0.00	\$		0.00	
	8b. 8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		4	0.00	¥		0.00	
		settlement, and property settlement.	8c.	\$	0.00	\$		0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$		0.00	
	8e.	Social Security	8e.	\$	0.00	\$	•	0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$		0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$		0.00	
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$		0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$		0.0	0
10.	Calc	ulate monthly income. Add line 7 + line 9.	10. \$		7,448.00 + \$		0.00	= \$	7.448.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			!				. 2 1
11.	Inclu other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not	depen		•	-	Schedule		
	Spec				pa, expenses non		11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certaines					12.	\$	7,448.00
40	0		•					Combine month!	ned y income
13.	Do y	ou expect an increase or decrease within the year after you file this form No.	7						
		Yes. Explain: Debtors expect raise in 2020							

08/26/2018 11:46:53am

Debt	or 1	Keith Carmine Burrell		Case num	ber (if	known)			
			F	For Debtor 1		Debtor 2 filing sp		_	
	^	/ line 4 here	4.	\$10,573.33		\$0	.00	_	
		all payroli deductions:							
5.	LIST .	Tax, Medicare, and Social Security deductions	5a.	\$2,370.33		\$0	.00		
	DZ. EL	Mandatory contributions for retirement plans	5b.	\$0.00		\$0	.00		
	5b.	Voluntary contributions for retirement plans	5c.	\$405.17		\$0	.00		
	5d.	Required repayments of retirement fund loans	5d.	\$0.00	_	\$0	.00		
		Insurance	5e.	\$151.67	_		.00		
	5f.	Domestic support obligations	5f.	\$0.00	_	\$0	.00		
	5a.	Union dues	5g.	\$0.00		\$0	.00		
	_	Other deductions. Specify:	5h.+	\$0.00	_	\$0	.00		
6.	Add 5g +	the payroli deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f +	6.	\$2,927.17		\$0	.00		
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$7,646.16	_	\$0	.00		
8.	List	all other income regularly received:	8a.	\$0.00		¢r.	.00		
	8a.	Net income from rental property and from operating a business, profession, or farm	oa.	\$0.00	_	φu			
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.							
	8b.	Interest and dividends	8b.	\$0.00	_	\$0	0.00		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00	_	\$0	.00		•
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.							
	8d.	Unemployment compensation	8d.	\$0.00	_	\$0	0.00		
	8e.	Social Security	8e.	\$0.00		\$(0.00		
	8f.								
		Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.							
		Specify:	8f.	\$0.00		S	0.00		
	8a.		- 8g.	\$0.00	_		3.00		
	-	Other monthly income.	- g.	<u> </u>	_	<u>_</u>			
	-	Specify:	8h.+	\$0.00		\$0	0.00		
9.	Ado	all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00		\$(0.00		
10.	Cal	culate monthly Income. Add line 7 + line 9.	10.	\$7,646.16	+[_	\$(0.00	=[\$7,646.16
44		to all other regular contributions to the expenses that you list in S	ichedu					•	
•••	Incl	ude contributions from an unmarried partner, members of your house ads or relatives.	hold, yo	our dependents, you	IL LOOIL	imates, i	and oth	ær	
	Do	not include any amounts already included in lines 2-10 or amounts tha	at are n	ot available to pay	expens	es liste	in Sci	ned	ule J.
					•				
	Spe	dfy:					11.	+,	\$0.00
12.	inco	i the amount in the last column of line 10 to the amount in line 11, me. Write that amount on the Summary of Your Assets and Liabilitie					12.	ļ	\$7,646.16 Combined
13		applies. you expect an increase or decrease within the year after you file :	hle for	m?					monthly income
	M	No. None.						_	
		Yes. Explain:							
	ш	ros. expirim							